

Voluntary Statement Form

CASE #: 25 PRO 108 /	DATE: _	1-17-25	TIME:	
FULL NAME: Claive Hart			120	
STREET ADDRESS:		city: <u>Pri</u>	STATE: UT	ZIP: 84606
HOME PHONE:	_ CELL PHONE:		_ WORK PHONE: _	
DATE OF BIRTH:1992_	DR	IVER LICENSE #:		
EMPLOYER NAME:		OCCUPATION: _		
NOTICE: Pursuant to Section 76-8-504.5 Utamake may be presented to a magistrate or juyou make, that you do not believe to be to statement of my own free will. No promises, to	udge in lieu of yo rue, may subject	ur sworn testimony at a you to criminal punis	preliminary examination. A	Any false statement emeanor. I give this
I was reccommended	to this	treatment f	acility by mo	a licensed
Merapist. I went 4h	ere of n	ig own fre	e will & too	k the
treatment willingly.	I had	a severely	bad reaction	to the
treatment & became	scared	4 hyster	ical - we cal	Led my
in we called the	ne came	e, I called	my P	arents'
hystenzal. The amb	,			•
to give me someti				
home by my ex				
		,		
SIGNED: Clutt		_ DA	TE: 1-17-25	
OFFICER:(Print Name / P Numb	per)	DA	TE:Time:	



Voluntary Statement Form Continuation

CASE #:	PAGE #:
NAME:	
SIGNED:	DATE:
OFFICER:	DATE:Time:

(Print Name / P Number)